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CONFIRMATION NO. 9135

<b>SERIAL NUMBER</b> 10/719,055	<b>FILING OR 371(c) DATE</b> 11/21/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 2478.2018-001
<b>APPLICANTS</b> John M. Williams, Hopkinton, MA;				
** CONTINUING DATA ***** This appln claims benefit of 60/428,332 11/21/2002 <i>SUS</i>				
** FOREIGN APPLICATIONS ***** <i>NONE</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 02/20/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Allowance <i>SUS</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 26
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 21005				
<b>TITLE</b> Inhibition of chronic tissue transplant rejection				
<b>FILING FEE RECEIVED</b> 1180	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	